

# MICHIGAN CONTINUOUS SURETY BOND

Bond No. \_\_\_\_\_

We, \_\_\_\_\_,  
List all Self-Insured Employers as Principals  
of \_\_\_\_\_,  
as principal, and \_\_\_\_\_,  
of \_\_\_\_\_,  
a corporation duly incorporated under the laws of the state of \_\_\_\_\_ and authorized to do business  
in Michigan, as surety, establish this surety bond in the sum of \$ \_\_\_\_\_  
for payment to the Michigan Department of Licensing and Regulatory Affairs (Department), Workers'  
Compensation Agency (Agency).

The Agency grants the principal the privilege of self-insuring its workers' compensation liabilities under the Michigan Workers' Disability Compensation Act (Act), MCL 418.611, effective 12:01 a.m., \_\_\_\_\_, 20\_\_\_\_, by the Department.

As a self-insured employer, the principal shall pay its employees all workers' compensation benefits that are due, or which may become due, under the Act, MCL 418.101*et seq*, as a result of a work-related disease, injury or death, with a personal injury date that occurs while it is self-insured.

If the principal, its heirs, executors, administrators (or its successors and assigns in case of a corporation), discharges and pays all workers' compensation benefits with a personal injury date that occurs during the effective period of this bond, then, this bond shall be void. Otherwise this surety bond shall remain in full force and effect. Notwithstanding the number of claimants or the length of time this bond is in effect, there shall be only one surety bond amount and the aggregate liability of the surety shall not exceed the surety bond amount shown above.

This bond may be cancelled at any time by the surety upon giving 60 day s notice to the principal and the Agency. The liability of the surety shall terminate at the expiration of the 60 days except that the surety shall be liable for workers' compensation benefits with a personal injury date that occurs during the effective period of this surety bond, and before the 60 day expiration date.

This surety bond shall be effective \_\_\_\_\_, 20 \_\_\_\_\_, until canceled.

Surety

Witness: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

\_\_\_\_\_  
(Print name and address of Surety)

Signature:

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Principal

Witness: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

\_\_\_\_\_  
(Print name and address of Principal)

Signature:

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

## AFFIDAVIT AND ACKNOWLEDGMENT OF SURETY

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

As a Notary Public, I certify that \_\_\_\_\_,  
acting on behalf of the surety, personally appeared before me and that he or she is \_\_\_\_\_  
of the \_\_\_\_\_ and that he or she is authorized to execute this surety bond pursuant to a power of  
attorney of the company that is dated \_\_\_\_\_, a copy of which is attached; that the power of  
attorney has not been revoked; that the company has complied with all the requirements of law  
regulating the admission of such companies to transact business in the State of Michigan; and that  
the company is solvent and fully able to meet promptly all of its surety obligations.

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_ County, Michigan

My commission expires \_\_\_\_\_.

## ACKNOWLEDGMENT OF PRINCIPAL

STATE OF MICHIGAN \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_ County, Michigan

My commission expires \_\_\_\_\_.